

**COVER SHEET FOR FILING CIVIL ACTIONS**  
COMMONWEALTH OF VIRGINIA

Case No. ....

(CLERK'S OFFICE USE ONLY)\*

.....LOUDOUN..... Circuit Court

..... v./In re: .....  
PLAINTIFF(S) DEFENDANT(S)

I, the undersigned ☐ plaintiff ☐ attorney for plaintiff hereby notify the Clerk of Court that I am filing the following civil action.  
(Please indicate by checking box that most closely identifies the claim being asserted or relief sought.)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Accounting                         | <input type="checkbox"/> Construe Will                 | <input type="checkbox"/> Landlord/Tenant               |
| <input type="checkbox"/> Administrative Appeal              | <input type="checkbox"/> Contract Action               | <input type="checkbox"/> Mechanics Lien                |
| <input type="checkbox"/> Adoption                           | <input type="checkbox"/> Contract Specific             | <input type="checkbox"/> Medical Malpractice           |
| <input type="checkbox"/> Adoption - Foreign                 | Performance  | <input type="checkbox"/> Motor Vehicle Tort            |
| <input type="checkbox"/> Adult Protection                   | <input type="checkbox"/> Correct/Erroneous State/Local | <input type="checkbox"/> Name Change                   |
| <input type="checkbox"/> Aid and Guidance                   | Taxes  | <input type="checkbox"/> Order to Sever                |
| <input type="checkbox"/> Annexation                         | <input type="checkbox"/> Counterclaim                  | <input type="checkbox"/> Partition                     |
| <input type="checkbox"/> Annulment                          | <input type="checkbox"/> Cross Claim                   | <input type="checkbox"/> Petition                      |
| <input type="checkbox"/> Appeal Decision of ABC Board       | <input type="checkbox"/> Custody/Visitation/Support    | <input type="checkbox"/> Product Liability             |
| <input type="checkbox"/> Appeal Decision of Board of Zoning | /Equitable/Distribution                                | <input type="checkbox"/> Quiet Title                   |
| <input type="checkbox"/> Appeal Decision of Comp Board      | <input type="checkbox"/> Declaratory Judgment          | <input type="checkbox"/> Referendum Elections          |
| <input type="checkbox"/> Appeal Decision of Employment      | <input type="checkbox"/> Declare Death                 | <input type="checkbox"/> Reformation of Trust          |
| Commission  | <input type="checkbox"/> Delinquent Taxes              | <input type="checkbox"/> Reinstatement of Driving      |
| <input type="checkbox"/> Appeal Decision of Local           | <input type="checkbox"/> Detinue                       | Privileges   |
| Government  | <input type="checkbox"/> Divorce                       | <input type="checkbox"/> Reinstatement (General)       |
| <input type="checkbox"/> Appeal Decision of Marine          | <input type="checkbox"/> Ejectment                     | <input type="checkbox"/> Removal                       |
| Resources Commission  | <input type="checkbox"/> Encumber/Sell Real Estate     | <input type="checkbox"/> Separate Maintenance          |
| <input type="checkbox"/> Appeal Decision of Voter           | <input type="checkbox"/> Enforce Vendor's Lien         | <input type="checkbox"/> Standby Guardian/ Conservator |
| Registration  | <input type="checkbox"/> Escheat                       | <input type="checkbox"/> Termination of Mineral Rights |
| <input type="checkbox"/> Appointment of Church Trustee,     | <input type="checkbox"/> Establish Boundaries          | <input type="checkbox"/> Unlawful Detainer             |
| Substitute Fiduciaries                                      | <input type="checkbox"/> Expunge                       | <input type="checkbox"/> Vehicle Confiscation          |
| <input type="checkbox"/> Approval of Right to be Eligible   | <input type="checkbox"/> Forfeiture of U.S. Currency   | <input type="checkbox"/> Will Contested                |
| to Vote   | <input type="checkbox"/> Freedom of Information        | <input type="checkbox"/> Writ of Certiorari            |
| <input type="checkbox"/> Asbestos Litigation                | <input type="checkbox"/> Garnishment                   | <input type="checkbox"/> Writ of Habeas Corpus         |
| <input type="checkbox"/> Attachment                         | <input type="checkbox"/> General Tort Liability (other | <input type="checkbox"/> Writ of Mandamus              |
| <input type="checkbox"/> Bond Forfeiture Appeal             | than motor vehicle)                                    | <input type="checkbox"/> Writ of Prohibition           |
| <input type="checkbox"/> Child Abuse and Neglect -          | <input type="checkbox"/> Grievance Procedures          | <input type="checkbox"/> Writ of Quo Warranto          |
| Unfounded Complaint   | <input type="checkbox"/> Guardian/Conservator          | <input type="checkbox"/> Wrongful Death                |
| <input type="checkbox"/> Civil Contempt                     | Appointment  | <input type="checkbox"/> Other                         |
| <input type="checkbox"/> Claim Impleading Third Party       | <input type="checkbox"/> Impress/Declare a Trust       | .....  |
| Defendant   | <input type="checkbox"/> Injunction                    | .....  |
| <input type="checkbox"/> Complaint - (Miscellaneous)        | <input type="checkbox"/> Interdiction                  |  |
| <input type="checkbox"/> Compromise Settlement              | <input type="checkbox"/> Interrogatory                 |  |
| <input type="checkbox"/> Condemnation                       | <input type="checkbox"/> Intentional Tort              |  |
| <input type="checkbox"/> Confessed Judgment                 | <input type="checkbox"/> Judgment Lien-Bill to Enforce |  |
| <input type="checkbox"/> Conservator of Peace               | <input type="checkbox"/> Judicial Review               |  |

☐ Damages in the amount of \$..... are claimed.

.....  
DATE SIGNATURE OF ☐ PLAINTIFF ☐ DEFENDANT ☐ ATTORNEY FOR ☐ PLAINTIFF  
☐ DEFENDANT

.....  
PRINT NAME

.....  
ADDRESS /TELEPHONE NUMBER OF SIGNATOR

